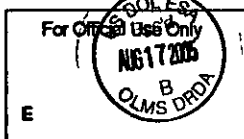


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 8709		2 Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing Name James J Kozlowski P.O. Box Bldg Room No if any Street 8362 Aberdeen City Lambertville State Michigan ZIP Code + 4 48144-96		4 Name file number and address of labor organization Name International Brotherhood of Electrical Workers Local 8 Labor Organization File Number 013-072 P.O. Box Building and Room Number if any Street 807 Lime City Rd City Rossford State Ohio ZIP Code + 4 43460-16	
5 Position in labor organization Treasurer			

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed	On 8-1-05 734-856-2406 Date Telephone Number

Name of Person Filing	James J Kozlowski	File Number U-
-----------------------	-------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>NWO Electrical Administrators, Inc</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u>P.O. Box 60408</u> Street <u>727 Lime City Rd</u> City <u>Rossford</u> State <u>Ohio</u> ZIP Code + 4 <u>43460-1643</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9.c is checked give trust or employer's name Name <u></u> Trade Name if any <u></u> P O Box, Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	11.a Nature of such dealing <u>Educational Conference</u> 11 b Approximate dollar value of such dealing <u>\$1797 00</u> 12 a Nature of interest held or income received <u>Advance for Educational Conference Expense report/receipts on file at NWO Electrical Administrator's office</u> 12 b Amount <u></u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>Cosme, D'Angelo, & Szollosi, LPA</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>202 N Erie St</u> City <u>Toledo</u> State <u>Ohio</u> ZIP Code + 4 <u>43624-1608</u>	14.a Nature of payment <u>windshirt</u> 14 b Amount of payment. <u>\$37 00</u>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	

FORM LM-30
Labor Organization officer and
Employee Report

James J Kozlowski

File Number _____

Fiscal year covered from

1/1/2004 through 12/31/2004

8

Various Fund Managers

Pertinent information unknown

9

Business deals with

a Labor Organization

11 a

Nature of such dealing

Golf outing at Educational Conference

11 b

Approximate dollar value of such dealing

Value unknown